

## Barnet Community Innovation Fund First Funding Round Insight and Information

This document is designed to help you prepare your applications to the Barnet Community Innovation Fund and should be read in conjunction with Barnet Community Innovation Fund Criteria 2021-2022.

### Context

Evidence on the impact of the pandemic and successive lockdowns point to rising need across several areas, particularly around financial vulnerability and debt, training and employment, mental health issues, pressures on unpaid carers and digital exclusion.

Barnet has a strong community and voluntary sector which offers unparalleled expertise and value for money in delivering community-related initiatives at pace. This has never been more evident than during the pandemic. The council's Communities Together Network (CTN) is already a 2000-strong membership network of organisations, groups and individuals. Originally established with a community safety focus, the CTN has evolved into wide-reaching information sharing and support network for Barnet's community sector.

There is a real appetite from all involved to work towards solutions for the challenges our residents face today and will encounter in the future, due to the ongoing impact of the pandemic. However, this invaluable resource must be equally accessible and representative of all diverse communities in Barnet.

The Integrated Care Partnership in Barnet recognises there is enormous potential to build on the existing strengths and ensure that the voluntary and community sectors are supported to develop in areas of greater deprivation, focusing on those that are most in need. In response it has developed a funding programme and invites applications from the community and voluntary sector for initiatives that can help in addressing the issues faced by residents through the priority areas identified below.

### Four priority areas have been identified for the first round of funding:

Support for unpaid carers	Digital inclusion for older and vulnerable residents
Support for people who have lost jobs or are at risk of unemployment due to Covid-19	Mitigating risks of lost functionality and mobility in older residents

### Support for unpaid carers

A [survey](#) undertaken by the Office for National Statistics indicated that there was a substantial growth in the number of people taking on caring responsibilities during the pandemic. This survey also reported that 1 in 3 of those caring, experienced poor mental health.

[Barnet Carers Centre](#) recently reported that “many carers benefited from online and telephone support during the pandemic and are keen that this continues, as they were not able to get face-to-face support before, leaving them effectively in lockdown for months to years; some feel less isolated in a way, as people now understand what it is like to be unable to leave the house.” However, as the impact of the pandemic and lockdown continues, there is concern that demand will significantly rise, particularly for mental health support; the real issue will be continued isolation. How do we offer people chances to socialise in a different way?

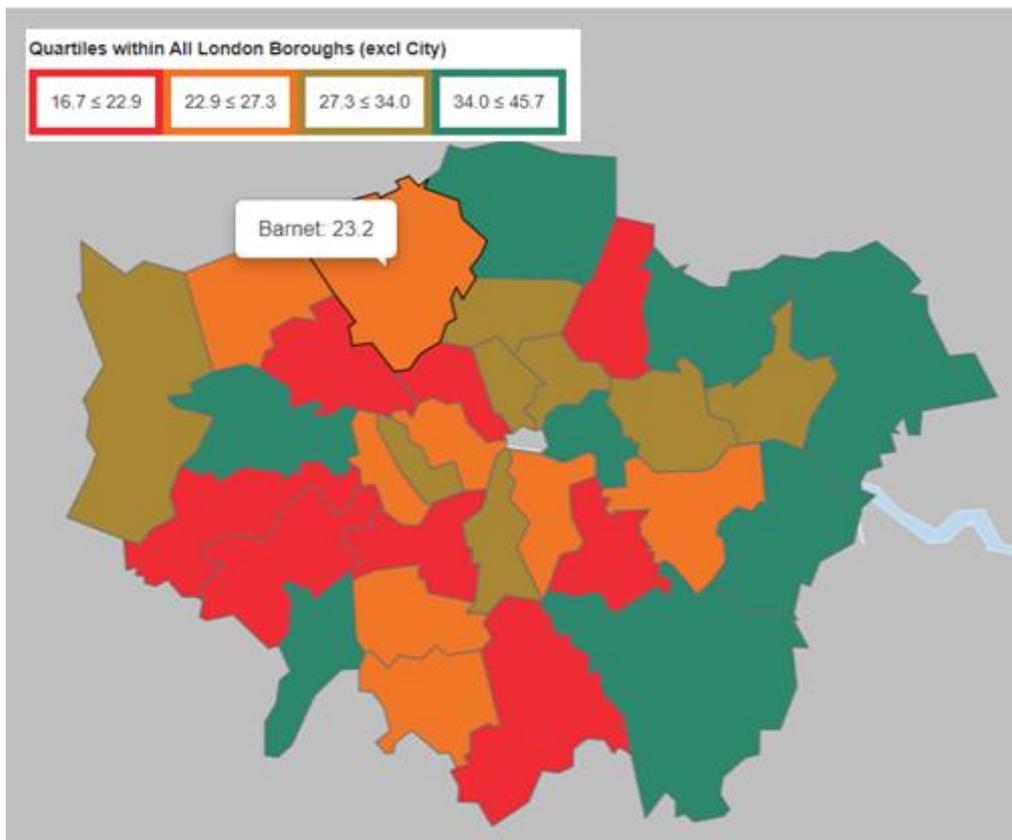
A national newspaper article in late 2020 reported that there are [approximately 6.5 million unpaid carers in the UK](#), more people than are employed in the army or work in the NHS. Of these, 800,000 are young carers who are likely to assume wider responsibilities because they may also be caring for other members of their families, e.g. siblings as well as their parents.

The results of a [Carers Trust survey](#) into the impact of COVID-19 on young carers aged 12 to 17 and young adult carers aged 18 to 25 was published in July 2020. They point to a steep decline in the mental health and wellbeing of the hundreds of thousands of young people across the UK who provide unpaid care at home for family members or friends.

Even before the outbreak of Coronavirus, young carers and young adult carers were all too often spending significant amounts of time caring for a relative in addition to the time they needed to spend on education, work and time for themselves. Coronavirus has significantly increased those pressures.

- 40% of young carers and 59% of young adult carers say their mental health is worse since Coronavirus.
- 67% of young carers and 78% of young adult carers are more worried about the future since Coronavirus.
- 66% of young carers and 74% of young adult carers are feeling more stressed since Coronavirus.
- 69% of both young carers and young adult carers are feeling less connected to others since Coronavirus.
- 11% of young carers and 19.7% of young adult carers report an increase of 30 hours or more in the amount of time they spend caring per week.
- 58% of young carers who are caring for longer since Coronavirus are spending on average ten hours a week more on their caring responsibilities. Among young adult carers the proportion is even higher at 63.6%.
- Over 7% of young carers and 14% of young adult carers who responded to the survey, said that they are now spending over 90 hours a week caring for a family member or friend.

Local to Barnet, the NHS Digital report (2018/2019) drawing on the Carers Survey indicated only 23% of carers surveyed in Barnet felt they had as much social contact as they would like, this is among the lowest quartiles relative to other London Boroughs.



*Proportion of carers who reported that they have as much social contact as they would like, Barnet and all London Boroughs (excluding City), 2018/2019, NHS Digital*  
Infographic source: [LG Inform](#)

Further information can be obtained from the [Barnet Joint Strategic Needs Assessment](#)

Throughout the COVID-19 pandemic, many carers have had to provide more care. Can your project provide crucial support to help those exhausted by their caring responsibilities?

### **Digital inclusion projects for older and vulnerable residents**

[NHS Digital](#)'s most recent report (2019) on digital inclusion for health and social care defines digital inclusion as covering:

- Digital skills - being able to use digital devices such as computers, smart phones and the Internet;
- Connectivity - having or being able to afford the right infrastructure to access to the internet, for example through broadband, wi-fi or mobile connections; and
- Accessibility - whether technology or digital services are appropriately designed to meet all users' needs, including those dependent on assistive technologies or with special needs.

The NHS Digital report estimates there are eleven million people (20% of the population of the UK) lacking in basic digital skills, or who do not use digital technology at all. These are likely to be older, less educated and in poorer health than the rest of the population.

According to ONS statistics, 47% of people over the age of 75 have never used the internet before at all. In 2019, of the 4 million people in the UK who have never used the internet, 94% were aged 55 and over, 84% were over the age of 65, and 62% were over the age of 75.

A recent article by the Centre for Ageing Better concluded that “we need initiatives to empower older people to be active technology users – not just passive recipients. We need more concerted and thoughtful efforts to help older people with digital technology and making their lives easier, particularly during the COVID-19 pandemic.”

Age UK reports that digital exclusion is likely to be a factor in increases in loneliness and isolation among older people. From a mental health and well-being perspective, Mind in Barnet identified social isolation and digital exclusion as two key issues for the cohort of users they are supporting, and anticipates demand to increase during colder seasons, and as the population continues to manage the impact of lockdowns or ongoing local restrictions. In managing the initial impact of national lockdown and shielding requirements, volunteers have been supporting several users to get to grips with Zoom and other communication technology, and we are keen to continue widening the digital participation and access for our residents.

We know there is strong evidence for social return on investment (SROI) of digital inclusion. We are looking for projects who can demonstrate a clear case for promoting digital inclusion and how these can be achieved through tackling identified barriers.

### **Support for people who have lost jobs or are at risk of unemployment due to COVID 19**

The recent West London Alliance report set out potential economic, employment and business exposure of our borough due to COVID-19. The report projected Barnet's economy to contract by c. 9% - 13% in 2020, with a decline in workplace employment of 3% (equivalent to c. 4,600 jobs) in 2020. Although Barnet has lower exposure to previously at-risk industries e.g. manufacturing, there are high levels of self-employment and a concentration of micro- and small businesses in the borough which increase the exposure to challenges associated with COVID-19.

## **Some key statistics about businesses and employment profile in Barnet are:**

Since the start of the pandemic some employment sectors have been hit hard and a considerable number of Barnet residents have been placed on furlough or have lost their jobs. The borough's most disadvantaged residents have also seen an increase in debt, risk of homelessness and poor mental health.

At the end of October 2020:

- 20,900 people were furloughed, representing a 12% take-up rate
- Universal Credit claimants stood at 18,725; over three times higher than the pre-Covid-19 figure for September 2019 of 5,805 claimants
- The unemployment rate in the borough is currently 4.8%, with a forecast for 2021 of approximately 7.5%, although there is a chance this could rise as high as 10% - which would equate to 30,000 unemployed people in Barnet.
- Young people have been particularly impacted as many held entry-level jobs in the Retail and Hospitality sectors. Around 10% of Barnet residents aged 18 to 24 are claiming Universal Credit, compared to 7.8% of 25 to 49 year olds.
- The over-50s, people with disabilities, ex-offenders, lone parents and non-English speakers and non-secure tenants on regeneration estates have also been adversely affected.
- Black, Asian and minority ethnic workers have been disproportionately impacted as around 20% who were on furlough during lockdown have since lost their jobs, compared to an average of 9%. The unemployment rate is 4.5% for people from a white ethnic background compared to 8.5% for people from minority ethnic backgrounds. The unemployment rate is highest for people from a Pakistani (9%), Black, Bangladeshi or Other (8%) ethnic background.
- Women are one-third more likely than men to work in a sector that has been shut down due to Covid-19 restrictions.
- Many of the communities in the west of the borough such as Colindale, Burnt Oak and Hendon have the highest number of people not in employment and claiming Universal Credit.

The wider socio-economic impact of the pandemic includes factors like income reduction, job insecurity, redundancy, debt, and housing-related factors. We have seen an increased demand for advice and information related services, employment services, psychological services (IAPT), and those that address wellbeing in the community such as social prescription.

In October, the New Policy Institute (NPI) Think Tank delivered a report that looked at 'People and Places in London most vulnerable to COVID-19 and its social and economic consequences'. Some of the findings and recommendations included:

### **Education and training**

- The impact on younger adults in terms of loss of employment or working hours means there will need to be investment in higher education and training.
- While younger adults have clearly been differentially affected there is a need to consider workers of all ages in training and considering how to make use of the budget for adult education and skills.
- There is need to identify which sectors are or will be recruiting and train people rapidly into these sectors.
- Anchor institutions, for instance NHS hospitals, can play a key role in local training and employment opportunities.

### **Re-entry to jobs and the labour market**

- There will be a variation in the period of unemployment for different people and there is a need to consider how this will affect people who are medium-to long-term unemployed –those who are highly skilled are likely to find work more quickly than people who are less experienced.
- People who are digitally excluded currently could be a significant resource in the labour market, if they were included.

## **Changes to work**

- Working from home represents significant challenges including to mental health and will have other unintended effects, for instance the effects of entirely home-based working on people experiencing domestic abuse is not known but is highly likely to be negative.

## **Employment and mental health**

- Returning to work is going to be a significant stressor for many, particularly for people who are vulnerable to COVID-19 such as older adults or vulnerabilities.
- In London this stress is also likely to be linked to the use of public transport for commuting.

Applications from organisations that can support those seeking employment, education or training or that address the physical and mental health impacts of being unemployed are sought.

## **Mitigating risk of lost functionality and mobility in adults, particularly older people**

Centre for Ageing Better reports that losing muscle strength is linked to a decline in ability to carry out basic daily activities like eating, bathing, and getting dressed.

Muscle weakness and poor balance in later life are the most common preventable risk factors for falls.

This is one reason muscle strengthening, and balance activities are strongly emphasised in the UK Chief Medical Officers' physical activity guidelines for adults.

A recent Age UK report into the impact of the COVID-19 pandemic to date on older people's mental and physical health concludes that while some older people have used the last few months as an opportunity to do more exercise and improve their fitness, many have seen their health deteriorate in the face of isolation and reduced opportunities to socialise and be physically active – sometimes drastically so.

## **Mobility and the impact of frailty on physical and mental health**

Being closeted away at home for extended periods due to shielding and/or lockdown has left many older people with reduced mobility and experiencing deconditioning, muscle weakness, and joint pain. Day-to-day activities, such as going upstairs or washing, have suddenly become difficult, and previously independent older people have become reliant on walking aids to move short distances, which they used to managed with ease. Reduced mobility has a knock-on effect, such as weight gain, joint and muscle pain, and consistently low moods.

Government guidance released in 2019, states that an estimated 1 in 10 people aged 65 and over are defined as frail. Frailty is a distinct health state related to the ageing process in which multiple body systems gradually lose their in-built reserves thus individuals are less able to cope with and recover from illness and accidents. Frailty increases with age. For example, approximately 1 in 4 people aged 85 years and over are living with frailty.

Frailty is closely associated with depression and falls; each condition may be a risk factor for the development of the other. Prevention and early identification are imperative in frailty, prevention can be achieved through exercise and good lifestyle choices.

Improving muscle function and balance can not only reduce the risk and fear of falling, but also improve self-confidence, help maintain mobility and independence, and have beneficial effects on social connectedness.

Projects or initiatives which help increase mobility, reduce ill health caused by frailty and promote physical activity and wellbeing as part of everyday practice by using their trusted relationships with families and communities will be looked upon favourably.